

HUMAN SERVICES DEPARTMENT[441]**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4 and 2011 Iowa Acts, House File 649, section 28, subsection 11, the Department of Human Services amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 85, “Services in Psychiatric Institutions,” Iowa Administrative Code.

These amendments restore the 5 percent reduction in the maximum Medicaid reimbursement rate for care in a non-state-owned psychiatric medical institution for children (PMIC) that was implemented in December 2009 as a result of Executive Order 19.

The Council on Human Services adopted these amendments on August 10, 2011.

The Department finds that notice and public participation are impracticable because the legislation took effect on July 1, 2011. Therefore, these amendments are filed pursuant to Iowa Code section 17A.4(3).

The Department also finds, pursuant to Iowa Code section 17A.5(2)“b”(1), that the normal effective date of these amendments should be waived, as authorized by 2011 Iowa Acts, House File 649, section 28, subsection 11.

These amendments are also published herein under Notice of Intended Action as **ARC 9711B** to allow for public comment.

These amendments do not provide for waivers in specified situations because higher reimbursement is a benefit to the facilities. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4 and 2011 Iowa Acts, House File 649, section 28, subsection 1(i)(2).

These amendments became effective August 17, 2011.

The following amendments are adopted.

ITEM 1. Amend subrule **79.1(2)**, provider category “Psychiatric medical institutions for children,” as follows:

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Psychiatric medical institutions for children		
1. Inpatient	Retrospective cost-related	Effective 8/1/11: Actual and allowable cost not to exceed a maximum for non-state-owned providers of 103% of patient-day-weighted average costs of non-state-owned providers located within Iowa less 5%.
2. Outpatient day treatment	Fee schedule	Effective 8/1/11: Fee schedule in effect 11/30/09 less 5%.

ITEM 2. Amend paragraph **85.25(1)“c”** as follows:

c. For services rendered ~~July 1, 2010, through June 30, 2011~~, on or after August 1, 2011, rates paid shall be adjusted to 100 percent of the facility’s actual and allowable average costs per patient day, based on the cost information submitted pursuant to paragraphs 85.25(1)“a” and “b,” subject to the upper limit provided in 441—subrule 79.1(2) for non-state-owned facilities. Before rate adjustment, providers shall

be paid a prospective interim rate equal to the previous year's retrospectively calculated unit-of-service rate.

[Filed Emergency 8/15/11, effective 8/17/11]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 9/7/11.